

CREDENTIALS PRIVILEGE LIST – PATHOLOGY

AUTHORITY: Title 10, U.S.C. Chapter 55 and Sections 8067 and 8012.

PRINCIPAL PURPOSE(S): To evaluate each practitioner's formal education, training, clinical experience, and evidence of physical, moral, and ethical capacities and to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to treat certain conditions and perform certain medical procedures.

ROUTINE USE(S): Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separating from the service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

Part I, List of Privileges: The PRACTITIONER enters the appropriate code number in the block marked REQUESTED for each privilege. Each block must have a code number. The practitioner signs and dates the form and sends it to his or her supervisor.

Part II, Supervisor's Recommendation: The supervisor reviews the requested privileges and checks one of the blocks, signs and dates the form and sends it to the Credentials Committee Chairperson.

The CREDENTIALS COMMITTEE CHAIRPERSON enters the appropriate code number in the block marked APPROVED for each privilege. Each block must have a code number.

Corrections must be initialed in pen. To change a code number send the request to the Credentials Committee Chairperson in writing. The committee sends their recommendation to the Medical Facility Commander (MFC) for approval. After approval the Credentials Committee Chairperson makes the change in pen, initials it, and notifies the practitioner in writing of the decision. The committee may require the practitioner to complete a new privilege list.

CODES:

1. Perform unsupervised	3. Not requested/approved due to lack of facility support
2. Perform with supervision	4. Not requested/approved due to lack of expertise

NAME OF PRACTITIONER (Last, First, Middle Initial)

NAME OF MEDICAL FACILITY

I. LIST OF PRIVILEGES – PATHOLOGY

Requested	Approved		Requested	Approved	
		A. Perform Gross Autopsy Examinations			(b) Chemistry
		1. Examine appropriate microscopic sections			(c) Bacteriology
		2. Render autopsy reports			(d) TB Mycology
		B. Forensic Pathology Including Aircraft Accidents			(e) Serology
		C. Surgical Specimens			(f) Parasitology
		1. Section			(g) Immunohematology and Blood Bank
		2. Examine			(h) Immunopathology
		3. Render reports			(i) Clinical Microscopy
		D. Cytologic Specimens			(k) Coagulation
		1. Process			F. Other
		2. Examine			1.
		3. Render reports			2.
		E. Laboratory Analyses			3.
		1. Supervise			4.
		2. Perform			5.
		3. Interpretation			6.
		(a) Hematology			7.

SIGNATURE OF PRACTITIONER

DATE

II. SUPERVISOR'S RECOMMENDATION

☐ RECOMMEND APPROVAL

☐ RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

☐ RECOMMEND DISAPPROVAL
(Specify below)

SUPERVISOR'S SIGNATURE

DATE